

Infant Hermellen Marie Schwartz
ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 146
 Registered No. 399

County Yuma State Arizona
 Township Maricopa City Phoenix No. 1 Ward 1
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hermellen Marie Schwartz
 (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other None 5. Number, in order of birth 1
 6. Premature Full term 7. Length 5' 5" 8. Date of birth Dec 5, 1931
 (Month, day, year)

9. Full name of FATHER Rudolph Schwartz 18. Full maiden name of MOTHER Flora Helen Stewart

10. Residence (usual place of abode) Box 229 19. Residence (usual place of abode) Phoenix
 (If nonresident, give place and State) (If nonresident, give place and State)

11. Color White 12. Age at last birthday 30 (Years) 20. Color White 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Pennsylvania 22. Birthplace (city or place) Oklahoma
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
 (Signed) W. B. Brayton, M.D.

Given name added from a supplemental report (Date of) Dec 28, 1931
 or Charles E. Brown, Midwife

Address Phoenix Filed Dec 28, 1931 Registrar Charles E. Brown

629-1205-623